

# 2013 Benefit Matters



City of San Antonio Employee Benefits Guide

## Retirees

*Activate Your Benefits*



Robert Salinas & wife Jeanette - 33 years with COSA



Paulette M. McClure - 28 years with COSA



Dianne Quaglia - 28 years with COSA



Margaret Armendariz - 20 years with COSA

## INSIDE *this* EDITION

2013  
Premiums

New Consumer  
Choice Health Plan

New  
Dental Plan

How to Activate  
Your Benefits

## Open Enrollment: October 15 - November 14



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## QUICK LOOK - WHAT'S NEW?

### Non-Medicare Retirees

- The Consumer Choice Consumer-Driven Health Plan (CDHP) will be introduced as a fourth health care plan option for 2013. Find more details on pages 4 and 5.
- Beginning in 2013, non-Medicare retirees will be asked to declare their tobacco use status during open enrollment. Tobacco users will be assessed a \$40 monthly fee. More information on page 9.
- Online enrollment for medical benefits will be available this year. Instructions can be found on page 14.

### All Retirees

- A dental plan is now available through Delta Dental. You must complete an enrollment form to receive this coverage in 2013. See page 10 for details.

## Your Health Care Plan Options

The City of San Antonio values your dedicated service and we are pleased to make available a generous retiree medical benefit program. The following pages will outline the health care plan options for both Medicare and non-Medicare retirees, as well as provide details on the dental and vision plans available for all retirees.

If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705. Detailed instructions on how to activate your health care benefits for 2013 can be found on page 14.

### Medicare Retirees

Retirees who are eligible for Medicare have the option of selecting either the Humana Medicare Advantage HMO or Humana Medicare Advantage PPO health plan for 2013. They are both group Medicare Advantage plans that provide you with all of the benefits of original Medicare along with access to discounts and services aimed at helping you achieve a higher quality of life. Both of these plans provide you with comprehensive health care coverage to meet your needs.

Through MyHumana.com, you have access to online resources to help you make the best health care decisions for 2013. Detailed information about the Medicare Advantage health plans, estimated costs for common medical services and medicines, and more are also available at MyHumana.com.

### Medicare Retiree Contributions

Retiree contributions comprise a fraction of the actual cost of the retiree health plan. The City endeavors to pay 67% of the total combined cost of retiree medical coverage. In order to maintain your coverage, it is critical that retiree contributions be made promptly. Any retiree with contributions greater than 60 days past due will be subject to termination of coverage with no opportunity for re-enrollment.

Retirees participating in a Medicare retiree health plan will pay contributions directly to Humana using an automated bank draft. More information will be provided in the Humana enrollment packet.



## HMO

Humana Medicare Advantage HMO participants must select a Primary Care Physician (PCP) who takes responsibility for overseeing the health care provided to you. When appropriate, the PCP makes referrals to specialists or other health care providers. HMO members must obtain a referral to specialists or other caregivers to receive the benefits of this plan.

## PPO

Humana Medicare Advantage PPO participants have the option of selecting health care providers in or out of the network anytime health care is needed. A PCP or referrals are not required under this plan.

### Medicare Premiums (Monthly)

Years of Service	30+		25-29		20-24		19 & Under		5-9 (Hired on or after 10/1/2007)
<b>Humana Medicare Advantage PPO</b>									
	Retiree	City	Retiree	City	Retiree	City	Retiree	City	Retiree
Retiree Only	\$84	\$196	\$92	\$188	\$98	\$182	\$126	\$154	\$280
Retiree + 1	\$168	\$392	\$185	\$375	\$196	\$364	\$252	\$308	\$560
Retiree + 2 or More	\$252	\$588	\$277	\$563	\$294	\$546	\$378	\$462	\$840
<b>Humana Medicare Advantage HMO</b>									
Retiree Only	\$59	\$137	\$64	\$132	\$69	\$127	\$83	\$113	\$196
Retiree + 1	\$110	\$282	\$118	\$274	\$133	\$259	\$196	\$196	\$392
Retiree + 2 or More	\$164	\$424	\$176	\$412	\$200	\$388	\$277	\$311	\$588

## Wellness

The City will continue to offer its Lunch & Learn series throughout 2013. Because wellness encompasses more than just being physically fit, these events will cover a series of topics regarding health care, fitness, mental wellness and stress management. Lunch & Learn events are at no cost to you and spouses and domestic partners are invited to attend.



Additionally, Humana offers a variety of wellness programs, including SilverSneakers® and SilverSneakers Steps, as well as health and wellness classes and education seminars. Visit [Silversneakers.com](http://Silversneakers.com) and [HumanaActiveOutlook.com](http://HumanaActiveOutlook.com) for more information.

## Non-Medicare Retirees

Retirees who are not eligible for Medicare have the option of enrolling in the Consumer Choice (CDHP), Value PPO, Standard PPO, or Premier PPO health plan. All four plans are Preferred Provider Organization (PPO) plans. You can select your physician or other health care providers without a referral.

Several online tools and resources are available to you at myuhc.com to assist you with selecting your 2013 health care plan and tracking your health care costs including your medical and pharmacy claims history. Myuhc.com can also be accessed on your mobile phone to review your explanation of benefits from a recent doctor's visit, find doctors, and more.

Introduced in 2012, the UnitedHealthcare Health Plan Cost Estimator is available again to assist you in selecting the best health care plan for you and your dependents. This online tool allows you to compare the cost differences between the City's retiree health care plans. The Health Plan Cost Estimator considers your personal health care usage and cost estimates as compared to all plans available so you can make an informed choice. It provides detailed comparisons for monthly premiums, out-of-pocket costs, and more. To use the Health Plan Cost Estimator during 2013 Open Enrollment, visit pcestim.com (username: SanAntonio2013 and password: benefits) or come to one of the Open Enrollment Fairs.

### Non-Medicare Retiree Contributions

Retiree contributions comprise a fraction of the actual cost of the retiree health plan. The City endeavors to pay 67% of the total combined cost of retiree medical coverage. In order to maintain your coverage, it is critical that retiree contributions be made promptly. Any retiree with contributions greater than 60 days past due will be subject to termination of coverage with no opportunity for re-enrollment.

Retirees participating in Non-Medicare plans are required to pay using automated bank draft. Contact Human Resources Customer Service at 210-207-8705 to complete an automatic bank draft form.

Remember, City retirees and their eligible dependents are required to enroll in Medicare Parts A and B as soon as they are eligible to participate.

### New! Consumer Choice: A Consumer-Driven Health Plan

Consumer Choice, a Consumer-Driven Health Plan (CDHP), has many of the same features and benefits as the Value, Standard, and Premier health plans that you are already familiar with, including co-insurance, deductibles, preventive care, and the freedom to select your health care providers from a nationwide network without prior authorization from a primary care physician.

Designed to help you achieve and be rewarded for taking a more active role in your health care, Consumer Choice puts you in the driver's seat when it comes to your health care decisions.

What is a CDHP and How Does it Work?

A CDHP, like Consumer Choice, is a type of health plan that allows you to have more control over how your health care dollars are spent, thus encouraging you to be a more informed and involved health care consumer. Two key elements of a CDHP are:

- 1) the minimum deductible that is set by the IRS, \$1,250 (individual) / \$2,500 (family) and
- 2) a Health Savings Account (HSA)--a medical account--that allows you to pay for qualified routine health care out-of-pocket expenses or save for future health care expenses with money that is yours to keep.

Consumer Choice is a little different from the Value, Standard, and Premier health plans, in that you do not pay co-pays for health care expenses, such as x-rays, prescription medications, or visits to the doctor. Instead, you are responsible for 100% of the cost of your health care services (using in-network providers, you pay the discounted fee) until you meet your deductible. After you reach your deductible, co-insurance applies and you only pay 20% (the City will pay 80%) of the cost of covered health care services and prescriptions up to your out-of-pocket maximum, \$4,000 (individual) / \$8,000 (family). Once this happens, the health plan

will cover 100% of the cost of your covered health care expenses, if you stay in the network. Additionally, for those enrolled in Consumer Choice with family coverage, the total family deductible must be met before the co-insurance is applied for anyone in the family covered in the plan. UnitedHealthcare's Treatment Cost Estimator available at myuhc.com is a great tool to help you budget your health care expenses.

## City-Funded Health Care Savings Account - A Triple Tax Advantage

CDHPs allow you to pay for current health care expenses and save for your future health care needs with an HSA. HSAs provide you with a triple tax advantage, because the funds:

- 1) are not taxable when they are deposited (since you are making deposits directly into your account and not through a payroll deduction, you will receive a tax credit at the end of the year when you file your income tax),
- 2) accrue interest tax-free, and
- 3) are not taxable when being withdrawn to cover eligible medical expenses.

When you enroll in the Consumer Choice plan, you will also be able to enroll in a City-funded Health Savings Account (HSA). An HSA is a bank account that is owned and managed by the account holder-YOU. The funds in the account are to be used for the sole purpose of paying for the cost of current qualified health care expenses and saving for future eligible health care (medical, dental, and vision) expenses. Like your personal checking or savings account, your HSA is held at a bank, OptumHealth Bank. OptumHealth Bank is a partner of UnitedHealthcare, and they focus solely on health care banking. With the HSA, you will be issued a Consumer Accounts Card from UnitedHealthcare. The City will deposit \$500 for an individual and \$1,000 for a family in your HSA, to get you started. This initial deposit from the City, plus any additional funds you choose to contribute to your HSA, and contributions earned through participating in the 2013 Retiree Wellness Program can all be used to pay for your and your family's health-related expenses, up to \$3,250 for an individual and \$6,450 for a family. You own the funds in the HSA, including interest, therefore, whatever you do not use throughout the year will automatically carry over to the next year.

Once you become Medicare-eligible and change plans, you can use your HSA funds for non-medical expenses. Note, you will pay taxes on funds used for non-medical expenses, but you will not pay the 20% penalty tax that is required of those under the age of 65.

## Eligible and Ineligible HSA Expenses

As discussed above, the purpose of an HSA is to pay for current or save for future eligible health care expenses for you and your family. Below are a few of the expenses that are considered eligible and ineligible with an HSA:

<p>Eligible HSA expenses for you and your family include:</p> <ul style="list-style-type: none"> <li>• Medical, dental, and vision care and services</li> <li>• Deductibles and co-insurance</li> <li>• Prescription medications</li> </ul>	<p>Ineligible HSA expenses for you and your family include:</p> <ul style="list-style-type: none"> <li>• Insurance premiums</li> <li>• Non-health care expenses</li> <li>• Over-the-Counter medications without a prescription</li> </ul>
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## Prescription Drug Coverage

As mentioned, co-pays do not exist for the Consumer Choice plan. This applies to the cost of prescription medications, too. You pay the full cost of the medications until you meet your deductible. For IRS-approved preventive medications, such as those used to manage or control high blood pressure, diabetes, osteoporosis, and cholesterol, you only pay 20% of their cost since they are not subject to the deductible. Detailed prescription drug information is provided on page 8.

## Preventive Care

Just like with the Value, Standard, and Premier plans, preventive care such as wellness exams, mammograms, colonoscopies and prostate cancer screenings are covered 100% under the Consumer Choice plan.

## More Information

Still have questions about the new Consumer Choice plan? The Human Resources Department has tools and representatives just waiting to answer your questions. During open enrollment, you can find additional information regarding the Consumer Choice plan by:

- attending one of the open enrollment fairs;
  - visiting the City's Human Resources website at [http://www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_retirees\\_nonmedicare.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_retirees_nonmedicare.asp);
  - viewing the Consumer Choice video in the City's benefits information video library featured at [www.sanantonio.gov/hr/employee\\_information/benefits/benefits\\_retirees\\_nonmedicare.asp](http://www.sanantonio.gov/hr/employee_information/benefits/benefits_retirees_nonmedicare.asp);
- or contacting Human Resources Customer Service at 207-8705.

The following table features the monthly premium amounts for non-Medicare retirees for all four health care plan options. Also included is the amount the City contributes towards the cost of each plan. For example, if you select the Consumer Choice plan, are in the Retiree Only category, and had 30+ years of service, you pay \$204 monthly and the City pays \$582 monthly to cover the total cost of the monthly premium.

## Non-Medicare Premiums (Monthly)

Years of Service	30+		25-29		20-24		19 & Under		5-9 (Hired on or after 10/1/2007)
<b>Consumer Choice (CDHP)</b>									
	Retiree	City	Retiree	City	Retiree	City	Retiree	City	Retiree
Retiree Only	\$204	\$582	\$223	\$563	\$241	\$545	\$303	\$483	\$786
Retiree + 1	\$382	\$1,156	\$402	\$1,136	\$444	\$1,049	\$590	\$948	\$1,538
Retiree + 2 or More	\$533	\$1,567	\$564	\$1,536	\$624	\$1,476	\$833	\$1,267	\$2,100
<b>Value PPO</b>									
Retiree Only	\$235	\$634	\$258	\$611	\$278	\$591	\$350	\$519	\$869
Retiree + 1	\$439	\$1,254	\$462	\$1,231	\$510	\$1,183	\$678	\$1,015	\$1,693
Retiree + 2 or More	\$612	\$1,696	\$647	\$1,661	\$716	\$1,592	\$956	\$1,352	\$2,308
<b>Standard PPO</b>									
Retiree Only	\$287	\$765	\$298	\$754	\$314	\$738	\$375	\$677	\$1,052
Retiree + 1	\$568	\$1,483	\$602	\$1,449	\$649	\$1,402	\$776	\$1,275	\$2,051
Retiree + 2 or More	\$777	\$2,021	\$823	\$1,975	\$889	\$1,909	\$1,076	\$1,722	\$2,798
<b>Premier PPO</b>									
Retiree Only	\$415	\$1,191	\$430	\$1,176	\$454	\$1,152	\$527	\$1,079	\$1,606
Retiree + 1	\$814	\$2,328	\$862	\$2,280	\$929	\$2,213	\$1,087	\$2,055	\$3,142
Retiree + 2 or More	\$1,066	\$3,224	\$1,130	\$3,160	\$1,217	\$3,073	\$1,419	\$2,871	\$4,290

## Health Plans At-A-Glance

Here is a side-by-side comparison of the four health plan options available to you in 2013. As you can see in the chart below, the coverage is the same for all four plans; however, the amount you pay out-of-pocket varies from plan to plan.

Plan Benefit	Consumer Choice		Value PPO		Standard PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
City Contribution to HSA (Individual / Family)	\$500 / \$1,000		N / A					
Preventive Screenings*	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible
Annual Deductible (Individual / Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$900 / \$1,800	\$1,800 / \$3,600	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,000	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,400 / \$4,800	\$4,800 / \$9,600	\$1,200 / \$2,400	\$2,400 / \$4,800
Co-insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
Office Visit Co-pays: Primary Care / Specialist / Urgent Care	20% after deductible	40% after deductible	\$25 / \$35 / \$40	40% after deductible	\$25 / \$35 / \$40	40% after deductible	\$25 / \$35 / \$40	40% after deductible
Emergency Care and Ambulance Services	20% after deductible						10% after deductible	
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Chiropractic Care (\$500 Maximum Annual Benefit)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible

\*Required by the Patient Protection and Affordable Care Act (PPACA). A list of covered services can be found at <http://www.healthcare.gov/law/about/provisions/services/lists.html>.



## Non-Medicare Prescription Drug Plan

When selecting your 2013 health care plan, it is important to consider your use of prescription drugs. The City's prescription drug benefit provides you with access to a wide variety of medications, helping to make the ones you need more affordable. You also have access to more than 60,000 in-network pharmacies to fill your next prescription.

In the 2013 prescription drug plan, a fourth tier has been added for specialty medications and several popular tobacco cessation prescription medications are now covered by the plan. See the following page for more information about tobacco cessation medications.

## Generic Substitutions

New for 2013, the City's Automatic Generics Program automatically provides you with a generic equivalent to your prescription medication, when one is available. You do not even have to ask for it. Generic prescription drugs, which are mostly found in Tier 1, contain the same active ingredients as brand name drugs, typically found in Tiers 2 and 3. The majority of brand name drugs have an available generic equivalent. You still have the option of purchasing brand name prescription drugs if you prefer; however, you will pay the difference between the generic cost and the brand co-pay. If you have a prescription that indicates "dispense as written," your cost will be the applicable tier co-pay.

## Value-Based Co-pays

It is important for retirees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. To continue assisting retirees and their eligible dependents who have diabetes with achieving a better quality of life, the City's Value-Based Co-pay plan offers prescription drugs related to diabetes at a reduced amount. For Tier 1 generic diabetes prescription drugs, there are no co-pays and for Tiers 2 and 3, co-pays remain at their reduced prices from last year. See below.

## 90-day Mail Order Prescriptions

Purchasing a 90-day supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day supply typically costs less than buying a 30-day supply three (3) times. You can also have a 90-day supply of your medication delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure that your 90-day supply is available when you need it. To begin using mail order, visit [myuhc.com](http://myuhc.com) or [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp) for the Mail Order Form.

Remember, Consumer Choice does not have co-pays. You are responsible for 100% of the cost of your medication until

you reach your deductible. For IRS-approved maintenance medications, you only pay 20% of the cost since these medications are not subject to the deductible. A complete list of these medications can be found at [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp).

2013 Prescription Drug Plan		
	Prescription Co-pays	Value-Based Co-pay
30-day Retail		
Tier 1	\$7 Co-pay	\$0
Tier 2	\$25 Co-pay	\$10 Co-pay
Tier 3	\$50 Co-pay	\$20 Co-pay
Tier 4	\$75 Co-pay	--
90-day or Mail Order		
Tier 1	\$14 Co-pay	\$0
Tier 2	\$50 Co-pay	\$20 Co-pay
Tier 3	\$100 Co-pay	\$40 Co-pay
Tier 4	\$150 Co-pay	--

## Retiree Wellness

Also new in 2013 will be an enhanced Retiree Wellness Program. Lunch & Learn gatherings will continue and the new approach to wellness for non-Medicare retirees will encourage preventive care and the monitoring of important health benchmarks. There will also be rewards for achieving and/or maintaining a healthy lifestyle.

## Outcome-Based Rewards Program

Non-Medicare Retirees and their spouses/domestic partners who are enrolled in a City health plan have the opportunity to participate in the 2013 Outcome-Based Rewards Program. By completing a series of healthy actions and earning the required 250 points throughout 2013, you and your spouse/domestic partner will receive a onetime contribution of \$100 each to your HSA/HRA (Health Reimbursement Account) in 2014. Eligible healthy actions or outcomes to earn points include:

- completing a biometric screening;
- achieving a target Total Cholesterol, Blood Pressure, BMI, and Glucose;
- completing a preventive care screening (mammogram, cervical cancer screening, prostate cancer screening);
- completing a telephonic or on-site coaching program; and
- visiting various health conditioning programs, among others.

Eligible participants have the potential to earn a total of \$200 (\$100 for the Retiree + \$100 for the spouse/domestic partner). In addition to completing the healthy actions and achieving the target health goals, you and your spouse/domestic partner can complete a Health Risk Assessment on [myuhc.com](http://myuhc.com) or at one of the 2013 Open Enrollment Fairs to each receive a \$100 contribution to your HSA/HRA in January 2013.

## Tobacco Use

As part of the City of San Antonio's effort to support the overall health and wellness of retirees, COSA has implemented a tobacco surcharge to discourage the use of tobacco beginning January 1, 2013. City employees and non-Medicare retirees enrolled in a City health plan, who are tobacco users, will pay a \$40 monthly surcharge in addition to their health care premium.

All members will be required to provide a certification of their tobacco use during open enrollment. A "tobacco user" is defined as a person who has used tobacco products within the past 60 days. Members who certify they are non-tobacco users must not have used tobacco products within the past 60 days from the day this certification is signed.

Tobacco products include, but are not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip or any other product that contains tobacco), clove cigarettes or any other smoking devices that use tobacco such as hookahs. E-cigarettes which contain nicotine are also included under the tobacco surcharge program.

Retirees who quit tobacco during the year and would like to change their status and stop the surcharge, may contact the Employee Benefits Division at 210-207-0073 and make arrangements to complete a new certification. Once the certification is complete, the system will be updated to reflect your new status and your monthly premium payment will be adjusted within four (4) to six (6) weeks.

The City's prescription drug plan has been extended to cover several popular tobacco cessation prescription medications. These medications include, Buproban, which is a Tier 1 prescription medication, and Chantix, Nicotrol, and Zyban, which are Tier 3 prescription medications. Additionally, a resource for those seeking to quit tobacco is the American Cancer Society's Texas Tobacco Quitline, 1-877-YESQUIT, and their website, [yesquit.com](http://yesquit.com).

## Dental Plan for All Retirees

Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes, so we are happy to extend the dental coverage option to retirees beginning in 2013.

### DeltaCare Dental HMO

The DeltaCare Dental HMO is a dental plan that provides comprehensive dental care when services are obtained from an in-network primary dentist. During open enrollment, select a participating dentist from the DeltaCare network of providers within a 35-mile radius of your zip code, to serve as your primary dentist. Locate a provider near you on [deltadentalins.com](http://deltadentalins.com). With this plan, you are only responsible for the co-pays for any covered services you receive from your selected dentist. There are no deductibles, yearly maximums, or paperwork claims to file. Examples of common services and co-pays are featured in this chart to the right.

## Vision Plan for All Retirees

Healthy eyes and clear vision are an important part of your overall health and quality of life. Through Davis Vision, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contact lenses are available to you at only the cost of applicable co-pays.

### Contact Lens Benefits

Contact lenses selected from Davis Vision's Contact Lens Collection are covered in full.

### Frame Benefits

Several designer and brand name frames are available to you at only the cost of applicable co-pays, through Davis Vision's Frame Collection. As an added benefit, there is a one-year eyeglass breakage warranty included on plan eyewear at no additional cost.

Dental Plan	Monthly Premium
Retiree Only	\$10.72
Retiree + Spouse / Domestic Partner	\$19.98
Retiree + Child(ren)	\$19.98
Retiree + Family	\$29.98

Description	Procedure Code	Co-pay
Office Visit	D0999	\$5
Oral Exam, X-rays, and Fluoride Treatment	--	No Cost
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Cost
Periodontal Scaling and Root Planning, Per Quadrant	D4341	\$40
Amalgam Fillings for One Surface, Anterior	D2140	\$5
Surgical Extraction and Erupted Tooth	D7210	\$45
Root Canal-Molar (Excluding Final Restoration)	--	\$280
Crown	D2750	\$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	\$1,700 / \$1,900

Vision Plan	Monthly Premium
Retiree Only	\$10.05
Retiree + Spouse / Domestic Partner	\$17.95
Retiree + Child(ren)	\$17.95
Retiree + Family	\$26.60

## Davis Vision Collection

To maximize your vision plan benefit, consider purchasing frames or contact lenses from The Davis Vision Collection. The Collection is available at most participating independent provider locations. Independent providers do not include retail stores such as Visionworks or Walmart. To locate a participating independent provider near you, visit [davisvision.com](http://davisvision.com).

### Additional Vision Benefits

Davis Vision offers a 25% discount off of a provider's Usual and Customary fees, or 5% off any advertised specials, whichever is lower, for laser vision correction surgery.

The Eye Health Connection Program, offered by Davis Vision, provides enhanced services and benefits to those with cataracts, diabetes, macular degeneration, and glaucoma. If you have one of these conditions, you are eligible to receive an additional eye exam during the calendar year. You can even sign up to receive educational emails at [davisvision.com](http://davisvision.com).

### Out-of-Network Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found online at [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp).

## In-Network Benefit Summary

Comprehensive Eye Exam - \$10 co-pay, one exam per year	
Frames (in lieu of contacts)	Contact Lenses (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance <sup>3</sup> .	Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$175).	\$150 retail allowance toward Non Collection Contact lenses, plus 15% off balance <sup>2</sup> .
One year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow-Up Care: Once per calendar year beginning January 1. Davis Collection contact lens covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if Non Collection contact lens <sup>2</sup> .
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

Additional Discounted Lens Options and Coatings		
Most Popular Options	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 <sup>2</sup> - \$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions <sup>3</sup> )	\$123	\$90

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations.

<sup>2</sup>For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

<sup>3</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

## Eligibility for All Retirees/Dependents

City of San Antonio employees who leave the City with 20 years of service or five years of service and are 60 years of age are eligible for City of San Antonio retiree medical benefits as follows:

- Employees with an original City of San Antonio hire date prior to October 1, 2007 are eligible to enroll in a City of San Antonio retiree medical plan with a total combined premium subsidy of 67%.
- Employees with an original City of San Antonio hire date on or after October 1, 2007 are eligible as follows:
  - » 0-4 years of City service are not eligible to participate
  - » 5-9 years of City service are eligible to participate with no City contribution
  - » 10+ years of City service are eligible to participate with 50% City-subsidized premium



City of San Antonio retirees who meet eligibility requirements for retiree medical benefits must enroll in a City retiree medical plan within 31 days from the date of separation from service. If no election is made or coverage is terminated anytime after the initial enrollment, your City retiree eligibility will permanently end unless you can provide proof of continuous enrollment in another group health plan and you request enrollment in City retiree medical coverage within 31 days of the loss of that coverage.

### Eligible Dependents

Dependents may be enrolled in City retiree health benefits if they were covered at the time of your retirement and you enroll them at the time of your initial retiree medical election. Dependents who continue to meet eligibility requirements will remain on the plan until you remove them, cease to make the required contribution, or the dependent no longer meets the eligibility criteria.

### Making Changes During the Year

Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2013. There are certain Qualifying Life Events that allow for mid-year changes to your health plan.

Qualifying Life Events include:

- Divorce, Legal Separation, Annulment,
- Death of a dependent.

You must notify the Employee Benefits Office within 31 calendar days of your Qualifying Life Event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 days, you forfeit any past premium refund.

## 2013 Open Enrollment for All Retirees

Open Enrollment begins October 15 and ends November 14, 2012. Selections will be effective January 1, 2013. This is the time to make changes to your health plan elections for 2013, so be sure to review your choices and enroll by the deadline.

Elections may be changed ONLY during the annual Open Enrollment period or within 31 days of a Qualifying Life Event. Qualifying Life Events for all retirees are referenced on page 12.

### Medicare Retirees and / or their Dependents

Medicare-eligible retirees and / or their dependents will continue to have the option of selecting between the Medicare Advantage PPO and Medicare Advantage HMO, both administered by Humana.

#### What's New in 2013?

Retirees will now have the option of selecting dental coverage through the City's new dental provider, Delta Dental. See more details on page 10.

Medicare Retirees	
Health Plan	<ul style="list-style-type: none"> <li>Humana Medicare Advantage PPO</li> <li>Humana Medicare Advantage HMO</li> </ul>
Vision Plan	<ul style="list-style-type: none"> <li>Davis Vision</li> </ul>
Dental Plan	<ul style="list-style-type: none"> <li>DeltaCare DHMO</li> </ul>

### Non-Medicare Retirees and / or their Dependents

#### What's New in 2013?

In addition to the Value, Standard, and Premier health care plans, a fourth plan will be available in 2013. The Consumer Choice health plan is a consumer-driven health plan that offers lower premiums, a higher deductible and a City-funded Health Savings Account (HSA). See more details on pages 4 and 5.

Retirees will now have the option of selecting dental coverage through the City's new dental provider, Delta Dental. See more details on page 10.

A fourth tier for specialty medications has also been added to the prescription drug plan. Detailed prescription drug information is available on page 8.

Non-Medicare Retirees	
Health Plan	<ul style="list-style-type: none"> <li>Consumer Choice (CDHP) PPO administered by UnitedHealthcare</li> <li>Value PPO administered by UnitedHealthcare</li> <li>Standard PPO administered by UnitedHealthcare</li> <li>Premier PPO administered by UnitedHealthcare</li> </ul>
Vision Plan	<ul style="list-style-type: none"> <li>Davis Vision</li> </ul>
Dental Plan	<ul style="list-style-type: none"> <li>DeltaCare DHMO</li> </ul>

## How to Enroll for All Retirees

Health care selections should be made carefully, and the Human Resources Department is happy to assist you. Retirees are encouraged to utilize the various online tools referenced throughout Benefit Matters to help you make the most informed decisions. You can also visit an Open Enrollment Fair to learn more about your options - see the following page for a schedule of all fairs.

### For All Retirees Who Wish to Enroll in the Dental and/or Vision Plans

Included with this guide is an enrollment form from Davis Vision. If you would like vision coverage in 2013, please complete the form and submit it to the address listed in the box below. If you currently have vision coverage and want to continue it in 2013, it will automatically roll over. Delta Dental will be mailing you an enrollment packet. If you wish to obtain dental coverage in 2013, please complete that form and submit it to the address listed in the box below.

### Retirees and Dependents with Medicare

You have three (3) ways to enroll in your medical plan. Choose the option that works best for you:

- Automatic Enrollment - Your 2012 medical plan will automatically carry over to 2013 if you make no changes during Open Enrollment. Please note, this does not include any existing vision coverage you may have.
- In-person Enrollment - If you would like to discuss changes to your health plan for 2013 or would like assistance with making changes, you can attend an Open Enrollment Fair.
- Phone Enrollment- You can also change your plan by contacting the Group Medicare Customer Service Line at 1-866-396-8810.

### Retirees and Dependents without Medicare

You have three (3) ways to enroll. Choose the option that works best for you:

- Paper Enrollment Form - Complete the paper enrollment forms included with this benefit guide. You can return your medical, dental and vision forms to the appropriate addresses below.
- In-person Enrollment - If you would like to discuss changes to your health plan for 2013 or would like assistance with making changes, you can attend an Open Enrollment Fair.
- Online Enrollment - You may also enroll online for medical benefits by logging into the Employee Self Service (ESS) system at [sanantonio.gov/easi](http://sanantonio.gov/easi) using a User ID and password.

Please see the table below for information.

User ID	Password	Online Enrollment Instructions
User ID = SAP/employee ID	Default password will be made up of the following: - Dollar sign - First name initial upper case - Last name initial lower case - Last five digits of employee SSN - Example, John Doe's password would be \$Jd56789	Access <a href="http://sanantonio.gov/easi">sanantonio.gov/easi</a> Enter User ID Enter Password Select Log On Select Benefits Enrollment

While you are there, remember to: 1) update your contact information, 2) self-report your tobacco status, 3) select your health care plan or waive the City's coverage, and 4) enroll in your Health Savings Account if you select Consumer Choice.

Medical Form for Non-Medicare Retirees & Dependents	Vision Form for All Retirees & Dependents	Dental Form for All Retirees & Dependents
City of San Antonio, Human Resources Department 111 Soledad, Suite 100 San Antonio, TX 78205	City of San Antonio Retiree Vision Plan P.O. Box 50740 Indianapolis, IN 46250-0740	DeltaCare USA Dept 6780 Los Angeles, CA 90084-6780

All forms must be submitted to the appropriate office no later than November 14, 2012.

## Turning 65 in 2013?

The City notifies Humana of all retirees and covered dependents who are eligible for the Medicare Advantage Plan when they turn age 65. Humana then contacts the retirees and/or covered dependents to provide information about the Medicare Advantage Plan options and offers enrollment assistance. You can also receive in-person enrollment assistance from a Humana representative on the second Monday of every month at Human Resources Customer Service. Call 210-207-8705 to schedule your appointment.

## 2013 Open Enrollment Fairs for All Retirees

Please make plans to attend an Open Enrollment Fair to visit one-on-one with UnitedHealthcare, Humana, Davis Vision, Delta Dental, and Employee Benefits representatives. Spanish-speaking representatives will be at the fairs.

During the fairs, you and your spouse/domestic partner can also complete a Health Risk Assessment resulting in a \$100 contribution to your Health Savings Account (HSA) or Health Reimbursement Account (HRA) in 2013.

This year's fairs will all be held at the Alamodome (100 Montana Street) in meeting rooms K, L, N, O, and P, located on the stadium floor level. Retirees should park in non-designated parking spaces in Parking Lot A. Parking Lot B will be opened for overflow parking. After you park, you can enter the Alamodome through the Southwest Tunnel entrance along the ramp area and go down the tunnel walkway area leading to the meeting rooms. Signs will be posted to guide you to this entrance location.

The schedule below outlines the dates and times for all Open Enrollment Fairs, including those for active employees. The times and dates specifically for retirees are noted; however, you may attend a fair on any day or time that is most convenient for you. There are four meetings for those who are aging into Medicare next year that are also included in the schedule below.

2013 Open Enrollment Fair Calendar, Alamodome, 100 Montana St., 78203			
Monday	Tuesday	Wednesday	Thursday
October 15 10 a.m. - 6 p.m.	October 16 10 a.m. - 12 p.m. (Retirees) 10:30 a.m. - 11 a.m. (Age-in Meeting) 1 p.m. - 7 p.m.	October 17 10 a.m. - 12 p.m. (Retirees) 1 p.m. - 7 p.m.	October 18 10 a.m. - 4 p.m.
October 22 9 a.m. - 12 p.m. (Retirees) 9:45 a.m. - 10:15 a.m. (Age-in Meeting) 1 p.m. - 6 p.m.	October 23 10:00 a.m. - 1 p.m. (Retirees) 11 a.m. - 12 p.m. (Age-in Meeting) 1 p.m. - 7 p.m.	October 24 10 a.m. - 7 p.m.	October 25 10 a.m. - 4 p.m.
October 29 10 a.m. - 12 p.m. (Retirees) 1 p.m. - 6 p.m.	October 30 10 a.m. - 12 p.m. (Retirees) 10:30 a.m. - 11 a.m. (Age-in Meeting) 1 p.m. - 7 p.m.	October 31 9 a.m. - 4 p.m.	



## Contacts

Organization	Phone	Website
Human Resources Department	210-207-8705	sanantonio.gov/hr hrcustomerservice@sanantonio.gov cosaretiree@sanantonio.gov
Retiree Ombudsman - Ann Solis	210-207-0073	ann.solis@sanantonio.gov
Davis Vision	800-448-9372	davisvision.com
DeltaCare DHMO (Dental Plan)	800-422-4234	deltadentalins.com
Humana Medicare Customer Service	866-396-8810	humana.com
ICMA Retirement Corporation	800-735-7202	icmarc.org
Medicare	800-633-4227	medicare.gov
Nationwide Retirement Solutions	877-677-3678	nrsforu.com
San Antonio Fire & Police Pension	210-534-3262	safireandpolicepension.org
Social Security Administration	800-772-1213	socialsecurity.gov
Texas Municipal Retirement System	800-924-8677	tmrs.com
UnitedHealthcare Customer Service	800-996-2078	myuhc.com
UnitedHealthcare (Health Savings Account Customer Service)	800-791-9361	myuhc.com

## Tools & Resources

Tool	What it provides	Where to find it
UnitedHealthcare Health Plan Cost Estimator	Helps you select the right health care plan Compares cost differences between your plan and your spouse's/domestic partner's employer's plan	pcestimator.com username: SanAntonio2013 password: benefits
UnitedHealthcare Treatment Cost Estimator	Helps you budget for a medical treatment Offers database of physicians and medical specialties Compares network and non-network cost estimates Shows how a procedure would affect your health account balances	myuhc.com
Videos	Overview of Open Enrollment, Consumer Choice and Health Spending Accounts	sanantonio.gov/hr

## Health Benefit Notices for All Retirees

The City of San Antonio makes every effort to communicate regularly with retirees. Our primary method of communication is through [Retiree Matters](#), the City's newsletter for retirees. It is produced quarterly and at other times when we need to tell you about important benefit issues. [Retiree Matters](#) is mailed to your home address. Please make sure the City has your correct address at all times. If you change your address, contact Human Resources Customer Service at 210-207-8705 to update your information.

We also encourage you to visit the retiree web page at [sanantonio.gov/hr/employee\\_information/benefits/benefits\\_retirees\\_nonmedicare.asp](http://sanantonio.gov/hr/employee_information/benefits/benefits_retirees_nonmedicare.asp). Refer to it to learn more about your retiree medical benefits and to read about retiree benefit-related legislative topics the City is watching.

### HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit [hhs.gov/ocr/privacy](http://hhs.gov/ocr/privacy).

### Health Care Reform: Pharmacy Benefit Contraception Coverage

As required by the Patient Protection and Affordable Care Act, or "health care reform law," effective for the City on January 1, 2013, coverage of FDA-approved contraceptive methods for female members and dependents enrolled in the City's plan will be covered at 100%, when the prescription is filled at an in-network pharmacy. For a complete list of the contraceptives available at \$0 cost, visit [myuhc.com](http://myuhc.com).

Note for those enrolled in Consumer Choice: The same \$0 cost option contraceptive medications are available for those enrolled in the new Consumer Choice health plan. However, if you fill a prescription for a contraceptive medication that is not on the list of \$0 cost contraceptives, you will need to pay the full cost of the medication.

### Summary Plan Documents/Plan Documents

This guide is intended to provide summary information about the benefit plans offered to retirees of the City of San Antonio. Complete plan details are available in the Summary Plan Documents for the Value, Standard, Premier, and Consumer Choice PPO plans and can be obtained from the Human Resources Department. In the event of a discrepancy between this document and the official Summary Plan Document/Plan Document, the Plan Document shall govern. This document has not been reviewed by the Centers of Medicare and Medicaid Services. It is NOT an official or binding document for the Humana Medicare Advantage Plans. Humana will provide participating retirees a copy of the official Certificate of Coverage. Retirees may also request this document directly from Humana by calling 1-866-396-8810.

### City Retiree Medical Benefit Program Design and Funding

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED TO AMEND THE CITY RETIREE MEDICAL BENEFITS PLAN AND SET PREMIUMS FOR RETIREE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE 2012-09-13-0696).

# Glossary of Common Health Care Terms

Below are some commonly used health care terms we would like you to become familiar with. Understanding these terms will assist you with making the best health care decisions for you and your family

## Consumer Choice

Consumer-Driven Health Plan (CDHP) - A type of insurance plan in which you are responsible for most of the cost of your health care expenses until the plan's deductible and out-of-pocket maximum have been reached. This type of plan has lower premiums than the other three health plans, but higher deductibles and out-of-pocket maximums.

## Health Plan Features

Annual deductible - The amount you need to pay, not including co-pays, for covered health care services before the health plan pays most benefits. The annual deductible does not count toward your out-of-pocket maximum.

Co-insurance - The percentage you have to pay for health care services after you have met your annual deductible.

Co-pay - The flat fee you pay for certain services, like doctor's, specialist's, or urgent care office visits or prescription drugs. Co-pays do not count toward your out-of-pocket maximum.

Health Savings Account (HSA) - A tax-exempt savings and spending account that can be used to help pay for current and future qualified medical expenses. You can only have an HSA if you are enrolled in a CDHP like Consumer Choice.

Out-of-pocket maximum - The most you will pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year, not including co-pays. All covered health care expenses count toward the out-of-pocket maximum, except for co-pays and deductibles.

Health Reimbursement Account (HRA) - Employer-funded plans that reimburse employees for medical expenses they incur that are not covered by the insurance plan. Reimbursement dollars received by the retiree are generally tax-free.

## Prescription Drugs

Tier 1 (Generic) drugs - Medications that generally cost the least. They usually include the generic equivalents of brand name drugs.

Tier 2 (Preferred brand formulary) drugs - Medications that are typically your midrange-cost option. Consider a Tier 2 drug if no Tier 1 medication is appropriate to treat your condition.

Tier 3 (Non-preferred brand) drugs - Medications that often include brand name drugs without generic versions or brand name drugs that are new to the market.

Tier 4 (Specialty) drugs - Medications that require special handling, administration, or monitoring. These drugs are often used to treat chronic illnesses, such as cancer, hemophilia, multiple sclerosis, and Crohn's disease.

## Provider Networks

In-network - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates. These providers must pass a rigorous review of their personal history, disciplinary actions, licenses and certifications, and relevant training and experience.

Out-of-network - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

## Types of Office Visits

Primary Care - A visit to a physician, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, or helps you access a range of health care services.

Specialist - A visit to a physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care - A visit to an urgent care facility to receive treatment for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require a trip to the emergency room.

Jose A. Gonzales & wife Enedina - 32 years with COSA



Yolanda Gonzales - 30 1/2 years with COSA



Olga Espinosa - 32+ years with COSA



Addison T. Gudowski - 22 years with COSA



City of San Antonio | Human Resources Department | 210.207.8705 | [sanantonio.gov/hr](http://sanantonio.gov/hr)